

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wi.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INFORMATION FOR COMPLETING CREMATORY AUTHORITY APPLICATION

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application for Crematory Authority Registration (Form #2716)** – The completed application and fee must be submitted at least two (2) weeks prior to your anticipated opening date.
2. **\$75.00 Initial Credentialing Fee** – Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING **APPLICATION FOR CREMATORY AUTHORITY REGISTRATION**

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).
Name of Crematory Authority <input type="text"/>		Telephone Number of Crematory Authority <input type="text"/> - <input type="text"/> - <input type="text"/>
Address of Crematory (street, city, state, zip) <input type="text"/>		Business FEIN <input type="text"/> - <input type="text"/>
Name of Individual or Business Entity Owner <input type="text"/>		Telephone Number of Owner <input type="text"/> - <input type="text"/> - <input type="text"/>
Address of Owner (street, city, state, zip) <input type="text"/>		Anticipated Opening Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Email Address <input type="text"/>		
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Owner <input type="checkbox"/> Other <input type="text"/>		Check One: <input type="checkbox"/> New Crematory Authority <input type="checkbox"/> Change of Ownership or Control
If change of ownership or control, list name of former sole owner or business entity owner <input type="text"/>		
Have you ever been licensed in Wisconsin as a Crematory Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list credential number: <input type="text"/>		

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- ☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- ☐ **Initial Credential Fee**
\$ 75.00 Total Fee Attached
- ☐ **Reinstatement Fee** (credential expired more than 5 years)
\$ 170.00 Renewal Fee
\$ 25.00 Late Renewal Fee
\$ 195.00 Total Fee Attached

For Receipting Use Only (98)

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under “License, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? ☐ Yes ☐ No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? ☐ Yes ☐ No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the “Professional Credential Renewal Information.”

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Has the owner/operator of the establishment ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against the owner/operator of the establishment, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against the owner/operator of the establishment in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has the owner/operator of the establishment ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or does the owner/operator of the establishment have any felony, misdemeanor or other violation of federal, state, or local law charges pending against him/her in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea or verdict. If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have any suits or claims ever been filed against the owner/operator of the establishment as a result of professional services? If yes, attach a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is the owner/operator of the establishment registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has the owner/operator of the establishment ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

List partners or corporate officers of the Crematory Authority

Name <input type="text"/>	Title <input type="text"/>
Name <input type="text"/>	Title <input type="text"/>
Name <input type="text"/>	Title <input type="text"/>
Name <input type="text"/>	Title <input type="text"/>

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Describe the type of structure and equipment that will be used in operating the Crematory:

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

I further certify that I have obtained authorization from local officials to open the crematory at this location.

Signature of Owner/Operator, Officer or Partner:

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Print Name of Person Signing Above:

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Date:

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